The following guidance was developed by the San Francisco Department of Public Health for use by local facilities, and will be posted at www.sfcdcp.org/covid19. This interim guidance may change as knowledge, community transmission, and availability of PPE and testing change.

**AUDIENCE:** Administrators of all California Department of Social Services/Community Care Licensing Division licensed facilities in San Francisco. This includes Adult Residential Facilities (ARF), Residential Care Facilities for the Elderly (RCFE), Residential Care Facilities – Continuing Care, Social Rehabilitation Facilities, and Residential Care Facility for the Chronically Ill.

### Summary of Changes since 09/6/2020

- Visitation guidance now directs facilities to adhere to California State policies and regulations.
- Simplified recommendations for communal dining and resident activities.
- Added link to [All Provider Information Letters (PINs)](https://www.sfcdcp.org) under Resources

_California State guidance on visitation is rapidly changing as data changes in response to increased testing and rates of vaccination._

### BACKGROUND:

Please see State of California for updated guidance the critical role of COVID-19 testing, visitation guidelines, need for infection prevention and control, and use of face coverings in adult and senior care facilities.

San Francisco has stricter rules about communal dining and residential activities explained in further detail in this document. Additional information regarding preventing and managing COVID-19 can be found at [Frequently Asked Questions (FAQs) for Residential Care Facilities for Adults and Seniors](https://www.sfcdcp.org/covid19) posted at www.sfcdcp.org/covid19.

### Visitors and Non-Essential Personnel

_California State guidance on visitation is rapidly changing as testing and rates of vaccination increase._

Facilities are now directed to adhere to California State policies and regulations.

As of 9 March 2021, the current California State guidance is PIN 20-38-ASC.

Isolation is a serious issue for older adults. Family and meaningful connection are important to mental and physical health.
Encourage and create ways for all residents to have frequent video and phone call visits with family members, friends, or other persons in care. To the extent possible, find ways to connect with loved ones virtually through FaceTime, Zoom, WhatsApp, etc (see www.sfcdcp.org/safersocial).

If shared devices are used for video calls, facilities should ensure appropriate infection control measures are in place.

There are multiple types of visits permitted. In all circumstances, facilities must implement prevention and mitigation activities to reduce the risk of COVID-19 transmission.

- **“Necessary” visits** may occur when there is an urgent health, legal, time-sensitive, or other critical need.
- **“Allowed” visits** by non-essential persons under certain parameters include, in increasing order of risk:
  - Vehicle, with visitor remaining in vehicle. An open window visit in this circumstance may mean that the resident is inside or outside of the facility. A closed window visit would mean the resident is inside of the facility behind a closed facility window.
  - Facility, with visitor outside of facility and resident on the other side of a window. This may be an open window or a closed window visit.
  - Outdoor, in-person
  - Indoor, communal space
  - Indoor, in-room

Facilities are permitted to temporarily modify their facility’s visitation policies to ensure visits can be conducted safely.

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### Communal Dining

**Considerations for re-introducing communal dining**

- Ramp up slowly. Plan to start with two or more shifts/seatings for each meal to facilitate physical distancing and limit the number of people in the dining room at one time.
- Give residents a choice about where they want to eat, offering new, safe dining room options as well as ‘grab and go’ and in-room dining.
- Have servers serve residents rather than offering buffet-style service for any part of the meal.
- Servers/staff must wear masks at all times.
- Have staff eat at separate times, so that they do not remove their face coverings at that same time as residents or other staff.
- Staff training and supervision will be essential to the success of dining room reopening.
- Condiments, including salt and pepper, should be provided in individual packets or bowls upon request. No supplies should be on the table for group use.
- Fully sanitize the dining room before and after each seating.
- Any person with COVID-19 symptoms or who tests positive for COVID-19 should not participate in communal dining until they have completed their quarantine or isolation.
Residents should take the following precautions:

- Wear masks when going to and leaving from the dining room. Residents may remove their masks to eat.
- Residents should perform hand sanitation upon entering the dining room and before leaving.

**Resident Activities**

Residents may engage in small group activities. Consider prioritizing activities that meet the following safety guidelines AND support the quality of life of the frailest, most isolated residents who are least able to access other sources of support and activity.

- **Any activities that can be done outdoors should be done outdoors.**
- Staff are responsible to ensure social distancing, masking, and hand hygiene are performed correctly.
- Maintain required staffing ratios to ensure safety.
- The space can be adequately ventilated, for example, by opening windows or doors.
- Partitions are placed to keep air from flowing directly from one group to another. For example, a curtain could be used.
- The space should be cleaned thoroughly between groups.

When choosing activities that will take place in the shared space, consider the potential to create respiratory droplets or aerosols, and try to do higher-risk activities outdoors.

**Frequently Asked Questions**

**What should a facility do if a resident, visitor or staff has confirmed COVID-19 infection?**

- Contact the SFDPH Senior Hub for consultation and guidance at COVID-19 Senior Sites Phone Line: 628-217-6358 or COVID-19 General Phone Line: 415-554-2830 Email: seniorsites@sfdph.org
- Stop all visits and group activities, including communal dining; reinstitute full shelter in place.
- Communicate with residents, visitors and staff: Share that there is a case but not who is sick or has tested positive. Maintain the confidentiality of the affected person with COVID-19 as required by the Americans with Disabilities Act, the Family Education Rights and Privacy Act, and possibly HIPAA.
- Clean and disinfect the facility thoroughly, with special attention to anywhere that person was or might have been. Refer to the section titled “Cleaning and disinfecting your building or facility if someone is sick” at CDC’s Cleaning and Disinfection webpage, at www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html.
- Work with SFDPH to determine when the facility can re-open for visits. Determine when staff can return, and what additional steps are needed for children and youth to return.
Stay informed. Information changes rapidly. Useful resources can be found at:

- SFDPH guidance for home care providers, home isolation and returning to work, and more: [www.sfcdcp.org/covid19](http://www.sfcdcp.org/covid19)
- California Department of Public Health
  - [Face Coverings Guidance from CDPH (6/29/2020)](http://www.sfcdcp.org/covid19)
  - [All Facility Letters (AFLs)](http://www.sfcdcp.org/covid19)
- California Department of Social Services
  - [All Provider Information Letters (PINs)](http://www.sfcdcp.org/covid19)
- Centers for Disease Control and Prevention (CDC)
  - [Interim Guidance for Businesses and Employers from CDC](http://www.cdc.gov)
  - [Preventing the Spread of COVID-19 in Retirement Communities and Independent Living Facilities (Interim Guidance)](http://www.cdc.gov)
- SF Human Services Agency: [Help for older adults & people with disabilities](http://www.sfgov.org) (or call 415-355-6700)